



## Request for Continued Examination Transmittal Letter

Application No. 09/775,664Attorney's Docket No. 015290-508

Page 2

C L A I M S					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS THUS PAID FOR	EXTRA CLAIMS	RATE	FEE
Basic Fee					\$750.00 (1001)
Total Claims		MINUS 20 =		× \$18.00 (1202) =	
Independent Claims		MINUS 3 =		× \$84.00 (1201) =	
If multiple dependent claims are presented, add \$280.00 (1203)					
Total Fee					750.00
If small entity status is claimed, subtract 50% of Total Fee					
<b>TOTAL RCE FEE DUE</b>					<b>750.00</b>

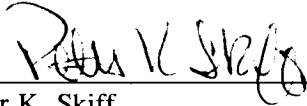
4. ☐ A check in the amount of \$ \_\_\_\_\_ is enclosed for the fee due.
5. ☒ Charge \$ 750.00 to Deposit Account No. 02-4800 for the fee due.
6. ☐ Applicant(s) requests suspension of action by the Office until at least \_\_, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER &amp; MATHIS, L.L.P.

Date: May 19, 2003

By:   
 Peter K. Skiff  
 Registration No. 31,917

P.O. Box 1404  
 Alexandria, Virginia 22313-1404  
 (703) 836-6620